

2024-2025 Special Circumstances Form

Financial Aid Office 1 Thunderbird Circle, Hobbs, NM 88240 575.392.5172

This form is for use by students whose family financial status has significantly changed compared to 2021 income tax information. This review can only be completed once the 2024-2025 Free Application for Federal Student Aid (FAFSA) has been completed using 2022 income information.

A. Loss of job B. Divorce/Separation C. Death D. Other

Please indicate who the change in income is for: Parent (for dependent students) ____Student ____Spouse Note: Your request will not be considered until we have received the results of your 2024-2025 FAFSA and 2022 Verification of income has been completed (if applicable). This Special Circumstance form and all required documentation must be submitted to the financial aid office before this form will be reviewed. Submission of this form does not guarantee a change in your financial aid eligibility. Special Circumstances reviews will not be considered until all supporting documentation is received and all documentation must be current. Student's name NMJC Student ID or SS# Parent's names (only for dependent students) Phone Number Parent's and/or student's address City Zip State **A-1. Loss of income from work.** (At least 12 consecutive weeks.) Period of unemployment from _____ Layoff: Provide letter on company letterhead from employer or unemployment commission stating effective date. Plant closing: Provide letter on company letterhead from employer stating effective date. Termination: Provide letter on company letterhead from employer or unemployment commission stating effective date. __ Disability: Date of disability ___/___. Attach documentation of disability. Natural disaster: Date disaster occurred ___/___. Attach documentation. ____ One-time income in 2022: (i.e. inheritance, moving expense, social security payment, lump sum retirement or IRS distribution. You must attach a separate sheet identifying source of income and how funds were spent or invested.) **A-2. Loss of untaxed income.** (At least 12 consecutive weeks.) Social Security: Provide Social Security Administration Notification of Termination of Benefits and amount received to date for 2023. Child Support: Provide court document stating termination of benefits. Worker's Compensation: Provide a letter from Bureau of Worker's Compensation stating termination date of benefits and amount received in 2023 and 2024. Untaxed military benefits: Provide change of status documentation. **B-1. Divorce.** (After applying for financial aid, your parents have divorced.) Date of divorce Attach copy of divorce decree and your parents' 2023 W-2 form(s). **B-2. Legal Separation**. (After applying for financial aid, your parents have become separated.) Date of separation ______. Attach a copy of legal separation form and your parents' 2023 W-2 forms (dependent students) and current address of the parent who moved out of the C. Death. (After applying for financial aid, a parent or spouse has died.) Date of death _____ Attach a copy of the death certificate. **D.** Other unusual circumstances. Provide complete information regarding other unusual expenses. Attach appropriate documentation.



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Student's Printed Name	NMJC Student ID or SS#
Please provide, in the space below, any additional information that indicates your situation and expected income for the 2024 calendar year. Also, please provide documentation of all expected income, for all members of the household, for the 2024 calendar year (paycheck stubs, unemployment documentation, severance pay, child support, social security, Welfare, AFDC, TANF, worker's compensation, cash received, etc.).	
Additional documentation may be requested as d	etermined
	tted between August 1 and September 30 th due to the fact that
misleading information, I may be fined, sentenced to j	o the best of my knowledge. I understand that if I provide false of ail, or both. If asked by an authorized official, I agree to give on this form. I also realize that if I do not submit all requested ed.
Student's signature	Date
Parent signature (if referenced on this form)	Date